MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-006694

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 585

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

FILED FEB 18 1963

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City
Length of stay in 1b: 10 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION General Hospital
Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY JACKSON
c. CITY OR TOWN KANSAS CITY
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 409 W 18th
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Ruth Middle FRANCES Last Jones

4. DATE OF DEATH: Month January Day 27 Year 1963

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☒

8. DATE OF BIRTH: 7-22-1892

9. AGE (last birthday): 70
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WIFE

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country): SEDALIA MO.

12. CITIZEN OF WHAT COUNTRY: U. S. A.

13a. FATHER'S NAME: CHARLES WARDEN

13b. MOTHER'S MAIDEN NAME: UNKNOWN

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates o: NO

16. SOCIAL SECURITY NO.

17. INFORMANT: MARGARET HARRISON Address: 3210 FRANCIS PL. K.C.K.

18. CAUSE OF DEATH (Enter only one cause pe
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Broncho-pneumonia
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

MEDICAL CERTIFICATION

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1-27-63 to 1-27-63 and last saw her him alive on 1-27-63
Death occurred at 5:07 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE E. Frank Ellis (Degree or title) MD

22b. ADDRESS 2400 Cherry

22c. DATE SIGNED 1-29-63

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

23b. DATE 1-30-63

23c. NAME OF CEMETERY OR CREMATORY ST. MARY'S CEMETERY

23d. LOCATION (City, town, or county) KANSAS CITY (State) MO.

24. FUNERAL DIRECTOR ADDRESS SMEIL FUNERAL HOME K.C. MO.

25. DATE RECD. BY LOCAL REG. 1-29-63

26. REGISTRAR'S SIGNATURE Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1			
2	32 98 X		
3			
4	1		
5	3		
6			
7	0		
8	1		
9	491 X		
10			
11			
12	570		
13			

BY AFFIDAVIT OF

DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Thomas A Shail

Signature of Student Embalmer

Licensed Embalmer No. 4954

P. O. Address K. C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.